

**Report on the Allen Treatment of Diabetes.**—HILL and SNERRICK (*Boston Med. and Surg. Jour.*, 1915, clxxii, 696) report in the present article their results in a small series of cases of diabetes which have been treated according to the method recommended by Allen. In brief, their routine is to put the patient first on a house diet for two days, thus determining his tolerance for ordinary diet and the severity of his diabetes. On the third day the patient is put to bed and given nothing but black coffee with one ounce of whisky every two hours from 7 A.M. to 7 P.M. This diet represents an intake of about 800 calories. Provided there is much acidosis, as indicated by the amount of diacetic acid and acetone in the urine, sodium bicarbonate is given. Patients are kept on this regime until sugar-free. This usually requires from two to three days, during which time there is usually a slight loss of weight and relief from such symptoms as itching and excessive thirst. They have never observed any indication of acid poisoning in cases treated by this method. As soon as the patient is sugar-free he is given a single "vegetable day," after which the diet is slowly raised, increasing first the fat, then the protein, and lastly the carbohydrate. Fat is never raised above 200 grams and the caloric intake rarely above 2200. They emphasize three important things in the treatment: (1) not to worry if the patient loses weight; (2) not to raise the diet too quickly after starvation; (3) pay just as much attention to the protein intake as to the carbohydrate. Included with the article there is a series of diets which have been carefully figured out, particularly to meet the requirements of patients after they have left the hospital. These will no doubt prove valuable.

**Uric Acid Excretion in a Case of Total Occlusion of the Pancreatic Duct.**—When a patient in the medical service of the Johns Hopkins Hospital was found to have a complete absence of pancreatic secretion in the intestinal tract the idea was conceived by D. W. ATCHLEY (*Arch. Int. Med.*, 1915, xv, 655) that by feeding thymus gland and estimating the increased output of uric acid in the urine the possible necessity of the pancreas to any stage of nuclear digestion could be conclusively demonstrated. The patient, therefore, was put on a purin-free diet, and for four days the uric acid was determined by means of the Folin-Schaeffer method. On the fifth and sixth days the patient was given in addition 150 grams of fresh calf's thymus with the noon meal. The results showed there was practically a quantitative recovery of exogenous uric acid, a finding which conclusively demonstrates that there may be digestion of the thymus nuclei, with the production of uric acid in the urine, in the absence of both bile and pancreatic juice. This finding as well as similar ones in other cases, definitely points out the worthlessness of the Schmidt-nuclear test for pancreatic function.

**Renal Irritation in Relapsing Fever.**—L. JARNO (*Wien. klin. Wchnschr.*, 1915, xxvii, 416) has studied the urine in a series of 170 uncomplicated cases of relapsing fever. Daily examinations were made and strikingly constant changes were found. The first day of the disease only a trace of albumin may be found in the urine. On the second day of the attack there is 0.5 to 1.5 gms. of albumin per liter, and at the same time

numerous granular casts appear. During the first attack of fever these changes remain quite constant. On the third afebrile day, more rarely on the second, there is a gradual decrease in the number of granular casts and in the amount of albumin. By the fourth day the urine is again normal. The urinary findings in the second febrile attack are in every way similar to those in the first, and the urine also clears up in the afebrile period in the same way. If a third and fourth attack occur the albuminuria usually returns, but the granular casts are generally much less abundant than in the first two attacks. The albuminuria, however, disappears early. It seems evident that there is a severe renal injury at the beginning of the disease, but as the infection continues, the kidneys seem to become more resistant to the harmful agent. Exceptional cases were noted where the urinary changes were in some instances less pronounced, in others more severe. In one instance, chronic nephritis remained.

**Vaccine Therapy in Typhoid Fever.**—In answer to inquiries from Prof. Paltauf, BIEDL and H. EGGRETH (*Wien. klin. Wchnschr.*, 1915, xxvii., 125) have given their experiences with the vaccine treatment of typhoid fever. Paltauf publishes their letters in full. Biedl has treated a series of 22 cases of severe typhoid fever in the beginning of the second week; the blood culture was positive in all of these. Of this number 2 are excluded. Both were men with high fever, status typhosus, and recurring epistaxis, the last nose-bleed occurring one day before injection in each case. Two hours after injection of the vaccine there occurred in each patient an uncontrollable hemorrhage from the nose which led to death. Of the remaining 20 cases, 11 received Vincent's vaccine (typhoid bacilli killed with ether), first 100,000,000, later 250,000,000 to 300,000,000 in 2 c.c. of salt solution, and 9 were treated with Besredka's vaccine intravenously (sensitized living typhoid bacilli) in doses of 250,000,000 to 300,000,000 in 2 c.c. of salt solution. The end result was as follows: Of the cases treated with Vincent's vaccine there were 3 who died; 2 received subcutaneous injection and died fourteen and eighteen days respectively after the injection; 1 treated intravenously, after an initial favorable response, died in the third week from severe bronchopneumonia and heart weakness. Evidently none of these deaths were due to the vaccine. The remaining 8 patients recovered. All of the patients treated with Besredka's vaccine recovered. Biedl's impressions were decidedly favorable. Following the intravenous injection there was a rise in temperature in one to two or three hours from 39° C. to 40° or 41° C., in one case even to 42° C., followed in twelve to eighteen hours by a critical fall of temperature to normal. No signs of collapse were observed; indeed, in two cases the injection was made when the patients were in a state of collapse with a pulse which could not be counted. Within three hours the temperature rose, the pulse became much fuller and 100 per minute. Following crisis the patients felt much better. The patients treated with Besredka's vaccine remained afebrile. Some of the other patients had slight evening elevations of temperature; in none above 38° C. Eggreth treated a series of 43 cases of typhoid fever with a single intravenous injection of 0.5 to 1.0 c.c. of Besredka's vaccine. Subcutaneous injections had produced no result. In 34